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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|------------------------|----------------------|
| Attorney Docket Number | 10803 |
| First Named Inventor | CHRISTOPHER BILLINGS |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | |
| Art Unit | |
| Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLUSTER ASSEMBLY

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 27015 OR Correspondence address below

Name

CHARLES L. THOEMING/Bielen, Lampe & Thoeming, P.A.

Address

1990 NORTH CALIFORNIA BLVD., SUITE 720

| | | |
|----------------------|---------------------------|---------------------|
| City WALNUT CREEK | State CA | ZIP 94596 |
| Country U.S. | Telephone 925.937.1515 | Fax 925.937.1529 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | |
|----------------------------------------------------------|---------------------------------------|
| Given Name (first and middle [if any]) CHRISTOPHER | Family Name or Surname BILLINGS |
|----------------------------------------------------------|---------------------------------------|

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|---------------------------------------------------------------------------------------------------------------|------------------|
| Inventor's Signature  | Date 10-31-03 |
|---------------------------------------------------------------------------------------------------------------|------------------|

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|-------------------------|-------------|-----------------|---------------------|
| Residence: City Napa | State CA | Country U.S. | Citizenship U.S. |
|-------------------------|-------------|-----------------|---------------------|

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|----------------------------------------|--|--|--|
| Mailing Address 2535 Vintage Street | | | |
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|--------------|-------------|--------------|-----------------|
| City Napa | State CA | ZIP 94558 | Country U.S. |
|--------------|-------------|--------------|-----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|-------------------------------------------|---------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
|-------------------------------------------|---------------------------|

| | |
|-------------------------|------|
| Inventor's Signature | Date |
|-------------------------|------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
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| Mailing Address | | | |
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| City | State | ZIP | Country |
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Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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10803

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CHRISTOPHER BILLINGS

COMPLETE IF KNOWN

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Filing Date

Art Unit

Examiner Name

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | |
|------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|---------------------|
| NAME OF SOLE OR FIRST INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) JOSE A. | Family Name or Surname ROBLEDO | | |
| Inventor's Signature <i>Jose A. Robledo</i> | Date 10/30/03 | | |
| Residence: City Napa | State CA | Country U.S. | Citizenship U.S. |

| | | | |
|---------------------------------------|-------------|--------------|-----------------|
| Mailing Address 38 Executive Court | | | |
| City Napa | State CA | ZIP 94558 | Country U.S. |

| | | | |
|-------------------------------------------|-------------------------------------------------------------------------------|-----------------|---------------------|
| NAME OF SECOND INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
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| Inventor's Signature | Date | | |
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the specification of which

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | |
|----------------------------------------------------|-----------------------------------|
| Given Name (first and middle [if any]) KEITH | Family Name or Surname GRAY |
|----------------------------------------------------|-----------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------|------------------|
| Inventor's Signature  | Date 10/29/03 |
|---------------------------------------------------------------------------------------------------------------|------------------|

| | | | |
|---------------------------------------|-------------|-----------------|---------------------|
| Residence: City 38 Executive Court | State CA | Country U.S. | Citizenship U.S. |
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Mailing Address
38 Executive Court

| | | | |
|--------------|-------------|--------------|-----------------|
| City Napa | State CA | ZIP 94558 | Country U.S. |
|--------------|-------------|--------------|-----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|-------------------------------------------|---------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
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| Inventor's Signature | Date |
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| Residence: City | State | Country | Citizenship |
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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Yes | No |
|-------------------------------------|----------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
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Address

1990 NORTH CALIFORNIA BLVD., SUITE 720

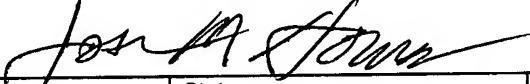
| | | |
|----------------------|-------------|--------------|
| City WALNUT CREEK | State CA | ZIP 94596 |
|----------------------|-------------|--------------|

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| NAME OF SOLE OR FIRST INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor |
|---------------------------------|-------------------------------------------------------------------------------|

| | |
|------------------------------------------------------|------------------------------------|
| Given Name (first and middle [if any]) JOSE M. | Family Name or Surname COMES |
|------------------------------------------------------|------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------------|------------------|
| Inventor's Signature  | Date 10/30/03 |
|----------------------------------------------------------------------------------------------------------------|------------------|

| | | | |
|-------------------------|-------------|-----------------|---------------------|
| Residence: City Napa | State CA | Country U.S. | Citizenship U.S. |
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|----------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | CHRISTOPHER BILLINGS |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

I hereby appoint:

Practitioners associated with the Customer Number: 27015

OR

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

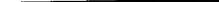
Please recognize or change the correspondence address for the above-identified application to:

| | | |
|-------------------------------------|------------------------------------------------------------------|-----|
| <input checked="" type="checkbox"/> | The address associated with the above-mentioned Customer Number: | |
| OR | | |
| <input type="checkbox"/> | The address associated with Customer Number: | |
| OR | | |
| <input type="checkbox"/> | Firm or Individual Name | |
| Address | | |
| Address | | |
| City | State | Zip |
| Country | | |
| Telephone | Fax | |

I am the:

| | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Applicant/Inventor. |
| <input type="checkbox"/> | Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------------------------------------------------------------------------|
| Name | CHRISTOPHER BILLINGS |
| Signature |  |
| Date | 10-31-03 |
| | Telephone 707-259-4322 0281 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of Four (4) forms are submitted.

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| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

I hereby appoint:

 Practitioners associated with the Customer Number:

27015

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
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| <input type="checkbox"/> | Firm or Individual Name |
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| <input type="checkbox"/> | Address |
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| <input type="checkbox"/> | Address |
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| <input type="checkbox"/> | City | State | Zip |
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| <input type="checkbox"/> | Country |
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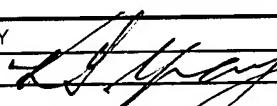
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| <input type="checkbox"/> | Telephone | Fax |
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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|-------------------------------------------------------------------------------------|
| Name | KEITH I. GRAY |
| Signature |  |
| Date | 10/29/03 |
| Telephone | 707-226-1144 |

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of Four (4) forms are submitted.

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and
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| Application Number | |
| Filing Date | |
| First Named Inventor | CHRISTOPHER BILLINGS |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

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OR

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|------------------------|-----------|--------------|
| Name | JOSE A. ROBLEDO | | |
| Signature | <i>Jose A. Robledo</i> | | |
| Date | 10/30/03 | Telephone | 707-226-1144 |

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*Total of Four (4) forms are submitted.

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| First Named Inventor | CHRISTOPHER BILLINGS |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

I hereby appoint:

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name JOSE M. GOMES

JOSE M. GOMES

Name JOSE M. COMES Signature 11-1-1991

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple copies if more than one signature is required. [see below*](#)

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